



## Appointment of an Authorised Representative or Advocate

### TELECHOICE

If you wish to appoint an Authorised Representative or Advocate to deal with TELECHOICE on your behalf, please complete the form below. Alternatively, you may provide TELECHOICE with a letter or authorisation or other reasonable form of authorisation as may be reasonably required by TELECHOICE.

If you wish to appoint an Advocate or Authorised Representative to deal with us on your behalf, please:

- carefully read the important notes below.
- carefully complete the form
- take it, with some proof of your identity, to a witness as indicated next.
- post it to: TeleChoice, PO BOX 5161, South Melbourne Vic 3205

or

- email it to: [support@telechoice.com.au](mailto:support@telechoice.com.au)

#### Please note

1. An 'Advocate' whom you appoint can deal with us on your behalf (including making a complaint)

but:

- (a) cannot change your account or services; and
- (b) cannot act on your behalf or access your information unless you are present and agree.

2. An 'Authorised Representative' whom you appoint can deal with us on your behalf as your agent (including making a complaint) and:

- (a) If you give them limited rights: has only those rights including any limitations you specify on access to your information; and
- (b) otherwise: has power to act and access information as if they are you.

Please note that only account holders can appoint an Authorised Representative. If you wish to appoint more than one Authorised Representative, please complete one Authorised Representative Form for each person you wish to appoint.

For security reasons we require you to submit the completed Authorised Representative Form to us as a signed original and witnessed by one of the following persons below:

- A Justice of the Peace;
- An Accountant who is a member of the Australian Institute of Chartered Accountants, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership;
- A Solicitor or Barrister;
- A Police Officer;



- An agent in charge of, or a permanent employee (with 2 or more years of continuous service) of an Australia Post outlet.
- An officer with, or authorised representative of, a holder of an Australian Financial Services Licence, having 2 or more continuous years of service with one or more licensees.
- A Dentist.
- A Pharmacist.
- A Medical Practitioner.
- A Chiropractor or a Physiotherapist.

Please contact us on [1300 835 324 \(Option 4\)](tel:1300835324) if this proves too difficult or inconvenient for you, and we will work with you to find an alternative way of appointing an Authorised Representative.



## Appointment of Authorised Representative

### **Your details:**

Account number: ([this can be found on your TeleChoice invoice at the top of the page](#))

---

Account holder's full name (note: you must be the account holder to appoint an Authorised Representative):

---

**"I wish to appoint the following person as my Authorised Representative":**

### **Your Authorised Representative's details**

Authorised Representative's full name:

---

Authorised Representative's telephone number:

---

Authorised Representative's email address (if applicable):

---

Authorised Representative's physical address:

---

Limitations of the Authorised Representative's rights (Specify anything that your Authorised Representative should NOT be allowed to do on your behalf. If left blank, the Authorised Representative has the power to act as if they were you.):

---

---



---

---

**Appointment declaration:**

“I, \_\_\_\_\_, authorise TELECHOICE to deal with the above person as my Authorised Representative. I acknowledge that I am responsible for all acts of my Authorised Representative within the authority as described in this Appointment. TELECHOICE may assume that it is dealing with the Authorised Representative if they identify themselves as such when contacted at any of the contact numbers/addresses above. This appointment continues until I revoke it in writing.”

**Signature:**

Place and date:

---

Account holder’s signature:

---

**Witness’s declaration and signature:**

“I confirm that the person signing above (account holder) has produced evidence of their identity.”

Place and date:

---

Witness’s signature:

---

Witness’s full name:

---

Witness’s capacity (JP, police officer etc.) and address:

---

---

---